

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
CLIENT LEADERSHIP TRAINING**

**Contact Information:**

Name: \_\_\_\_\_  
LAST NAME FIRST NAME

Address: \_\_\_\_\_  
STREET NUMBER  
\_\_\_\_\_  
CITY ZIP CODE

Telephone: \_\_\_\_\_  
HOME CELL OTHER

E-mail: \_\_\_\_\_  
HOW OFTEN DO YOU CHECK YOUR E-MAIL?

**Reference** (mental health professional recommending you for this program)

Name: \_\_\_\_\_  
LAST NAME FIRST NAME

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Eligibility:**

This training is for individuals who have not participated in past Client Leadership trainings. It is designed for clients who are working on their path to recovery, and doing well. You must be willing to commit to the following requirements:

- Work on a project in your community or in LACDMH where you can put to use the skills you learn in this training.
- Attend all four sessions, and actively participate
- Complete homework assignments
- Answer the questions listed on the attached sheet

**SUBMIT YOUR APPLICATION TO:** e-mail: [malquijay@dmh.lacounty.gov](mailto:malquijay@dmh.lacounty.gov) or fax: (213) 252-8767



WELLNESS • RECOVERY • RESILIENCE



MENTAL HEALTH SERVICES ACT IN ACTION

THIS TRAINING IS SPONSORED BY LACDMH/E&A DIVISION

